

# Arizona Form A1-QRT

# Arizona Quarterly Withholding Tax Return

Arizona Department of Revenue  
PO Box 29009 - Phoenix AZ 85038-9009

DOR USE ONLY

☐ LABELED RETURN

## I. Taxpayer Information (See Instructions)

POSTMARK DATE

EIN

QUARTER AND YEAR \*:

Q Y Y Y Y

\* Quarter (1, 2, 3 or 4) and four digits of year

### Form A1-QRT Due Dates:

First quarter - April 30

Second quarter - July 31

Third quarter - October 31

Fourth quarter - January 31

Check box if: ☐ Amended Return ☐ Address Changed ☐ Final Return

Total Arizona Payroll for This Quarter.....

## II. Tax Liability Schedule (See instructions before completing this section)

### A. Quarterly Tax Liability

Tax Liability.....

### B. Monthly Tax Liability

Month 1 Liability.....  
Month 2 Liability.....  
Month 3 Liability.....

*Taxpayers who incurred a semi-weekly or one-banking day tax liability during the quarter must complete the daily tax liability schedule on page 2, AND CHECK THIS BOX.*



## III. Tax Computation (See Instructions)

- Liability (amount from A or total of three months in B).....
- Prior Payments Made for This Quarter .....
- Total Amount Due** - Subtract line 2 from line 1. If less than zero, enter zero .....

Make checks payable to: Arizona Department of Revenue

Send to: Arizona Department of Revenue, PO Box 29009, Phoenix AZ 85038-9009

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is a true, complete and correct return.

Please Sign Here Signature Date Business telephone number

Paid Preparer's Use Only Preparer's signature Date Business telephone number

Firm's name (or preparer's, if self-employed) Preparer's EIN, SSN, or PTIN

Firm's address Zip code

Complete amended return information section on page 2, if amended return box is checked.  
Complete reason for closing account section on page 2, if final return box is checked.

## Daily Tax Liability Schedule

## A. Daily Tax Liability - 1st Month of Quarter (Semi-Weekly or One Banking Day)

1		8		15		22		29	
2		9		16		23		30	
3		10		17		24		31	
4		11		18		25			Check gray boxes for one-banking day withholding obligations only.
5		12		19		26			
6		13		20		27			
7		14		21		28			

Month 1 Liability - Enter total here and on page 1, Part II B .....

## B. Daily Tax Liability - 2nd Month of Quarter (Semi-Weekly or One Banking Day)

1		8		15		22		29	
2		9		16		23		30	
3		10		17		24		31	
4		11		18		25			Check gray boxes for one-banking day withholding obligations only.
5		12		19		26			
6		13		20		27			
7		14		21		28			

Month 2 Liability - Enter total here and on page 1, Part II B .....

## C. Daily Tax Liability - 3rd Month of Quarter (Semi-Weekly or One Banking Day)

1		8		15		22		29	
2		9		16		23		30	
3		10		17		24		31	
4		11		18		25			Check gray boxes for one-banking day withholding obligations only.
5		12		19		26			
6		13		20		27			
7		14		21		28			

Month 3 Liability - Enter total here and on page 1, Part II B .....

## AMENDED RETURN INFORMATION:

Explain why an amended return is being filed.

Reason for closing of employer's withholding account (check the applicable box):

- ☐ 1. Reorganization or change in business entity (example: from corporation to partnership)
- ☐ 2. Business sold
- ☐ 3. Business stopped paying wages and will not have any employees in the future
- ☐ 4. Business permanently closed
- ☐ 5. Business has only leased or temporary agency employees
- ☐ 6. Other (specify reason) \_\_\_\_\_